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Bib Data Sheet

CONFIRMATION NO. 1437

SERIAL NUMBER 10/699,008	FILING DATE 10/31/2003  RULE	CLASS 264	GROUP ART UNIT 1732	ATTORNEY DOCKET NO. SP03-151
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## APPLICANTS

Richard Bergman, Horseheads, NY;

Jacob George, Corning, NY;

Harold D. Kimrey JR., Knoxville, TN; Mark S. K. Muktoyuk, Corning, NY;

Rebecca L. Schulz, Horseheads, NY;

Elizabeth M. Vilen, Corning, NY;

MSD

## \*\* CONTINUING DATA \*\*\*\*\*

None MSD

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None MSD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials _____				

## ADDRESS

22928

CORNING INCORPORATED

SP-TI-3-1

CORNING, NY

14831

## TITLE

Microwave stiffening system for ceramic extrudates

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